

**HOGAN &
HARTSON**

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JUN 28 2006

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To:	Fax Number:	Tel Number:
U.S. Patent and Trademark Office Art Unit 2617	+1.571.273.8300	

From: Lawrence J. McClure	For internal purposes only:
Date: June 28, 2006	Client number: 81887.0126
Time:	Attorney billing number: 1966
Total number of pages incl. cover page: 16	Confirmation number:

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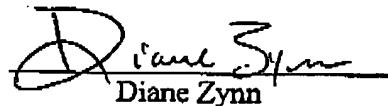
MESSAGE:

Patent Application No.: 10/538,262; Art Unit 2617, Our Ref. 81887.0126
I hereby certify that the following documents:

Second Preliminary Amendment/Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above-identified application.

June 28, 2006
Date of Deposit


Diane Zynn

Baltimore Beijing Berlin Boulder Brussels Budapest Caracas Colorado Springs Denver Geneva Hong Kong London Los Angeles
Miami Moscow Munich New York Northern Virginia Paris Shanghai Tokyo Warsaw Washington, D.C.
WLA - 81887.0126 - 266801 v1

FORM PTO-1083

81887,0126
Patent Application No. 10/538,262

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Hiroyuki HIDAKARECEIVED
CENTRAL FAX CENTER

Serial No: 10/538,262

JUN 28 2006

Filed: June 8, 2005

For: COMMUNICATION SYSTEM, WIRELESS
COMMUNICATION TERMINAL, AND
WIRELESS BASE STATIONArt Unit: 2617
Examiner: Not AssignedI hereby certify that this correspondence
is being transmitted via facsimile to
(571)273-8300:
Mail Stop Preliminary Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

June 28, 2006

Date of Deposit

Diane Zynn

Name

Diane Zynn

Signature

05/28/06
DateMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Second Preliminary Amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	22	-	20	--	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	7	-	5	---	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
Independent Claims: 1, 2, 6, 7, 11, 12, 13					TOTAL	\$ 500

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the fee of \$500 for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

07/06/2006 GFREY1 00000119 501314 10538262

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: June 28, 2006

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500 South Grand Avenue, Suite 1900
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Diane Zynn

Name

Diane Zynn 06/28/06

Signature

Date

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TOTAL CLAIMS FEE	22	-	20	-	LG=\$50 SM=\$25	\$ 100
INDEPENDENT CLAIMS FEE	7	-	5	**	LG=\$200 SM=\$100	\$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						
Independent Claims: 1, 2, 6, 7, 11, 12, 13						
LARGE ENTITY FEE = \$560 SMALL ENTITY FEE = \$180						
TOTAL \$ 500						

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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